

EMERGENCY MEDICAL SERVICES ADVISORY COMMITTEE

Best Western Vista Inn, 2645 Airport Way, Boise, ID

September 12, 2002

COMMITTEE MEMBER ATTENDEES:

Vicki Armbruster, Volunteer Third Service Member
Stephen E Bastian, Advanced EMT Member
David Christensen, Idaho Chapter of the American Academy of Pediatricians
Randy Cordle, Emergency Pediatric Medicine
Merrill Cornelius, EMT-Basic Member
Jeff Furner, Career Third Service Member
Hal Gamett, Fire Department Based Non-Transport Member
Hal Iverson, *St Alphonsus Life Flight*, Air Medical Member
Karen Kellie, Idaho Hospital Association Member
David Kim, Idaho Chapter of ACEP Member
Robert D Larsen, Private Agency Member
Warren Larson, EMS Instructor Member
Mary Leonard, State Board of Medicine Member
Robert W Monteith, *Rose Lake QRU*, Third Service Non-Transport Member
Ethel Peck, *EMT*, Idaho Association of Counties Member
William Pyron, Consumer Member
Murry Sturkie, DO, Idaho Medical Association Member

COMMITTEE MEMBERS ABSENT:

Dean Ellis, Idaho Fire Chiefs Association Member
Robert Korn, MD, PhD, ID Chapter of ACS Member, Committee on Trauma
Mary Ellen Kelly, State Board of Nursing Member
James Kozak, EMT-Paramedic Member
Krista Merrill, County EMS Administrator Seat

VACANT MEMBER SEATS:

None

EMS STAFF ATTENDEES:

Jim Alter, EMS Regional Operations Coordinator	John Cramer, Analysis and Planning
Shana Barnes, State Communications Center	Barbara Freeman, EMS Administrative Assistant
Boni Carrell, EMS for Children	Dia Gainor, EMS Bureau Chief
Douglas Carrell, EMS Regional Consultant, BOI	Tawni Newton, Provider Resources Coordinator

Other Attendees:

David Blake, 366 Medical Group (MHAFB)	Jane Smith, Health Policy/Vital Statistics
Greg Dorand, MHAB	Stan Rose, Saint Alphonsus Life Flight
Dennis Johnson, Boise Fire	Phyllis Weiss, Placerville Ambulance
Ken Sheldon, Saint Alphonsus Life Flight	Joe Weiss, Placerville Ambulance
Richard H. Schultz, Administrator Division of Health	

Key Discussion Points:	Discussion	Outcomes: Decisions, Action Items
WELCOME AND INTRODUCTIONS		Foresst Muthersbaugh attended represented Jim Kozak who was involved in a bicycle accident.
MINUTES OF PREVIOUS MEETING		Approved.
FORMATION OF NEW SUB-COMMITTEE –TRAUMA REGISTRY ADVISORY COMMITTEE (TRAC)	A new EMSAC sub-committee has been formed and is called the Trauma Registry Advisory Committee (TRAC). Their next meeting is October 18. The members will be appointed by the State Health Officer (Richard Schultz). The Trauma Registry is scheduled to be implemented April 2004. Sub-Committee authority is advisory.	
WEAPONS OF MASS DESTRUCTION	Col Blake has been attending as an ad hoc member. Presented by Maj Greg Dorand.	
EMS SYSTEM PROFILE	First snapshot of what EMS agencies do. Reviewed highlights. 2001 Profile production target date is December 2002. Can be found on the website: www.idahoems.org . All but one agency is submitting data. The Bureau may ask EMSAC to take a look at legislation that would allow suspension of 3 rd party reimbursement for non-complying agencies.	
EMSC SUB-COMMITTEE REPORT		
❖ PEDIATRIC PROTOCOLS UPDATE	Separate section for pediatric protocols. Basic level.	Report accepted.
❖ JUMP START TRIAGE TRAINING UPDATE	Krista Merrill did survey of 74 agencies. 68 would like to participate in the training. Bureau will develop Power Point, voice recording, investigate internet access, or CD format. Regional Conference track, didactic and clinical training. Adult	

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	and pediatric. Could be available for physicians as well as pre-hospital providers.	
❖ PEDIATRIC TRAINING MANNEQUINS	Have been acquired and are available in each region. Functional but unattractive!	
MEDICAL DIRECTION SUB-COMMITTEE		
❖ MEDICAL DIRECTOR JOB DESCRIPTION	Has been taken to Board of Health and Welfare for approval The distribution will be to current medical directors, agency presidents, ER nursing directors and will be posted on the new list serve. Cover letter will go out with guidelines as a separate mailing.	Report and motion accepted.
❖ STATUS RE: LEGAL PROTECTION FROM DISCOVERABILITY	Still a priority. Looking for an appropriate sponsor.	
❖ EXPLORE VARIATION OF IDAHO AND OTHER STATE PROTOCOLS	Medical Direction Sub-Committee will refer patient care protocols to EMSC. Take final product after EMSC sub-committee review and examine format and seek endorsement from cross section of physicians. Will work on administrative protocols. Start with list serve method. ACTION ITEM: Keller will chair project and report in December.	
❖ FUTURE OF MEDICAL DIRECTOR COURSE	Discussed incorporating as a track in future regional conferences.	
❖ PROPOSED SURVEY OF EMS AGENCIES' EXPERIENCES WITH MEDICAL DIRECTION	MOTION: Bureau will explore the feasibility of using StateComm as a coordinating agency to contact medical direction as a backup if local on line medical direction is not accessible was seconded and carried in sub-committee.	
AIR MEDICAL SUB-COMMITTEE		
❖ DISPATCH PROTOCOL	Ask StateComm to track number of	Report and motions accepted.

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	<p>incidents and significance.</p> <p>How many generic calls have come into StateComm in the last 6 months. (4-5).</p> <p>StateComm needs guidelines.</p> <p>Only way collecting data will be valuable is to track every call. Every call would then be dispatched by StateComm.</p> <p>Motion: EMSAC recommends to the EMS Bureau and State Comm, that in the event of an unbranded, generic request for an air ambulance in the boise area, State Comm will dispatch Boise area air ambulances on a rotating basis was seconded and carried in sub-committee.</p> <p>Motion: A task force be formed to develop policy to recommend to State Comm regarding the selection of air medical services in the event of a generic air ambulance request, and that the members of this work group be comprised of representatives of the air medical providers in the state was seconded and carried in sub-committee.</p>	
❖ CAMTS	<p>Hal gave a report on the status of accepting CAMTS accreditation as part of the Idaho Agency licensure process. There has no progress on this issue. The Certification and Licensure Program has not made a final determination as to how or if to incorporate CAMTS accreditation in to the licensure process at this time.</p>	
GRANTS SUB-COMMITTEE		
❖ HRSA-RURAL ACCESS TO EMERGENCY	<p>PAD Law does not have reporting requirements. Bureau has the ability to</p>	<p>Report accepted.</p>

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DEVICES GRANT	attach a security agreement to attach data collection requirements. CAH grants may have already provided funding for this need.	
❖ DEDICATED GRANTS AWARDS	A member suggested that feedback to agencies that apply for grants but are denied would help improve agency grant writing. Send the criteria and points information back to the agency. The Bureau looks at what will benefit the applicants. Drop dead point for completeness could be an issue. Interaction with RCs prior to deadline would benefit agency.	
❖ TRAINING GRANTS AWARDS	General Funds budget holdback. The training grant will have a \$12,000 holdback.	
EDUCATION SUB-COMMITTEE		
❖ PROTOCOLS REVISION PROJECT	Idaho's pediatric specific protocols will be separated from adult protocols, rather than being integrated. It was requested that the introduction should specifically indicate the protocols are not in Rule but are guidelines.	Report accepted.
EMSAC MEMBERSHIP TASK FORCE REPORT		
❖ COMPOSITION/SEAT CATEGORIES		Report accepted.
❖ RESPONSIBILITIES OF MEMBERS		
❖ ORIENTATION OF NEW MEMBERS		
❖ NEED FOR A POLICY HANDBOOK		
OTHER BUSINESS		
LETTER TO LEGISLATOR	Cost Analysis: Patient Reports 1998-2001 allergic reaction for all	

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REGARDING EPI-PENS	<p>responses .6% per year. One call per year included respirator arrest. No deaths to Idaho residents in 3 years from anaphylactic shock. Current scope of practice is to assist with patient's own injectors. Cost of training and instructor wages for a 4 hour course statewide would be \$33,000. Medical Direction would be required and many at BSL level are without medical direction. Cost of stocking each agency with 1 adult and 1 pediatric Epi-pens would be \$335,000. Expiration dates and appropriate storage are also issues. The Bureau would testify of the financial and logistical challenges.</p>	
ASSOCIATION OF COUNTIES SUPPORTING LEGISLATURE	<p>Ethel Peck reported that the Association of Counties is supporting legislation sponsored by Ada County for 3% tax limitations on property taxes for ambulance districts because of the shortfall of funding due to the new Medicaid rates.</p>	
RN/PARAMEDIC STAFFING IN NORTH IDAHO	<p>Concern about waiver on certification criteria and challenging National Registry exams. Is the issue that there is not a paramedic on flight services? What allowed the Board H&W to approve a waiver was the lack of specificity in the Bureau's rule about paramedic training.</p> <p>This committee has been dealing with MedStar related issues since 1977. Distinction between 4 capabilities have to do with staffing. Crew configuration had to have a paramedic or have paramedic credentials. There is a 24 year old provision stating that if staffing or 7/24 hour requirements impede operations, the agency has a right to ask for a waiver. Fall of 2000</p>	

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	<p>asked for another waiver ALS prehospital setting. Med Star had insufficient time to get paramedics in the face of the impending ALS rule implementation. They were offered three alternatives: 1) Give time limited waiver and allow time to hire paramedics 2) 12-18 month waivers, send therapists to training 3) Montana model – documenting nurses training already taken or new training as result of review of paramedic curriculum.</p> <p>Ms. Gainor: not able to persuade EMSAC or Bureau to revise rules regarding staffing. Must gain certification to practice as paramedics. Board granted the waiver. Medstar chose from the 3 options. Review each nursing training history against 1998 paramedic curriculum and conduct paramedic training for topics not documented. Submission of document, physician oversight of students' objectives. The Board of health and Welfare needs to make a determination Did eet or exceed national standard.</p>	
	<p>Board of H&W overrode the training policy when they issued the waiver.</p> <p>Do we need a new standard and licensing for flight services because they don't fit the ALS standard? NW Medstar is willing to comply with standards. Great effort has gone into documentation signed by curriculum instructor and medical director.</p> <p>Competency of MedStar is not the issue. This is a compromise of certification and training standards policy.</p>	

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	Waiver is not generalizable. Waiver is over when the agency documents they have met the criteria of the National Paramedic curriculum.	
FUTURE MEETING DATES		September 24 & 25, 2003